

For Office Use Only:
 Permit #: _____
 Check #: _____
 Insp. Check#: _____

TOWN OF MILLINGTON APPLICATION FOR BUILDING PERMIT

1) PROPERTY OWNER'S NAME _____ PHONE _____
 MAILING ADDRESS _____ FAX _____
 CITY, STATE, ZIP _____ E-MAIL _____
 Date of Application _____ Application Fee \$ _____ Insp Fee \$ _____
 2) Property Location _____ Elec. Dist. _____
 Tax Map _____ Parcel _____ Lot _____ Acres _____ Deed Ref. _____
 3) Proposed Work _____
 4) Market Value of Work \$ _____

5) Setbacks: Front/Waterfront _____ Distance to Well _____
 Side _____ Distance to Septic _____
 Side _____ Trees Removed (Sq. Footage) _____
 Rear _____ % Slope _____
 Distance to Mean High Tide _____
 Area of Existing Impervious Surface _____ (see worksheet)

6) Type of Construction: Modular Pre-Engineered Bldg Repair/Replace
 Mobile Home Stick Built Other
 Addition Alteration

7) Dimensions/New: Unfinished Basement _____ Finished Basement _____
 First Floor _____ Second Floor _____
 Attached Garage _____ Carport _____
 Deck _____ Porch _____
 Acc. Buildings _____ Other _____

8) Height of Structure: _____

9) Improvements: Electric Plumbing HVAC Fireplace/Chimney

10) Type of Sewage Disposal: Private Public Other

11) Type of Water Supply: Private Public

12) Total Number of Bedrooms: Existing _____ New _____

13) Total Number of Bathrooms: Existing _____ New _____

14) Entrances: State New Existing
 County New Existing Private

15) Is this a rental: Yes No *If yes, note encouraging lead-safe work will be added to permit*

16) Is there a cemetery located on the property: Yes No *If yes, locate on site plan*

17) **NAME LICENSE NUMBER TELEPHONE NUMBER**
 Contractor: _____
 Address: _____
 Plumber: _____
 Address: _____
 Electrician: _____
 Address: _____
 HVAC: _____
 Address: _____

18) I hereby certify and agree that:
 1) I am authorized to make this application,
 2) That the information is correct,
 3) I grant County Officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices.

Applicant's Name _____
 Applicant's Signature _____ Date _____
 Address _____ Phone _____

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ZONE _____ FLOODPLAIN _____ FLOODPLAIN ELEV. _____ 1st FLOOR ELEV. _____

Building _____
Entrance _____
Water/Wastewater _____
Critical Area _____
Wetlands _____
Floodplain _____

Sediment Control _____
Stormwater _____
Health Dept. _____
Zoning _____
Army Corps _____
Other _____

APPLICATION HAVING BEEN MADE FOR A ZONING CERTIFICATE AND THE PROPOSED STRUCTURE AND USAGE BEING IN CONFORMITY WITH THE ZONING ORDINANCE OF THE TOWN OF MILLINGTON, I HEREBY ISSUE THIS BUILDING PERMIT FOR A PERIOD OF SIX (6) MONTHS FROM THE DATE HEREOF, CONTINGENT TO: _____

ZONING ADMINISTRATOR

DATE

Revised June 2016